

MANAGEMENT OF CARPEL TUNNEL SYNDROME – A CASE STUDY

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ABSTRACT

Carpel Tunnel Syndrome occurs when the median nerve, which runs from the forearm into the palm of the hand, becomes pressed or squeezes at the wrist. The main symptoms are pain in the hand and arm with numbness or tingling, hand weakness or wrist weakness. The Lakshans of Vishwachi closely resembles Carpel Tunnel Syndrome. Vishwachi is characterized by functional loss of hand following dysfunction of Vata in Kandara of the hand. Female Patient aged about 40 yrs came with the history of severe pain in wrist joint, forearm, arm associated with numbness and weakness in the hand. Ekanga Dhanyamla Seka, Shastika Shali Pinda Sweda and Shamaoushadhis like Vishatinduka Vati. Trayodashanga Guggulu found effective in management of Carpel Tunnel Syndrome.

KEYWORDS:- Carpel Tunnel Syndrome, Vishwachi, Panchakarma

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INTRODUCTION

Carpel Tunnel Syndrome occurs when the median nerve, which runs from the forearm into the palm of the hand, becomes pressed or squeezes at the wrist. The main symptoms are pain in the hand and arm with numbness or tingling sensation, hand weakness or wrist weakness. The Carpel tunnel is a narrow, rigid passage way of ligament and bones at the base of the hand houses the median nerve and the tendons that bend the fingers. The median nerve produces sensation to the palm sides of the thumb and to the index, middle, and part of ring finger. It also controls some small muscles at the base of the thumb¹.

Sometimes, thickening from the lining of irritated tendons or other swelling narrows the tunnel or other swelling narrows the tunnel and compresses the median nerve. The pain extends upwards to the arm. The discomfort also extends to the shoulder and forearm. There will be weakness or atrophy of thenar muscles.

The *Lakshans* of *Viswachi* closely resembles Carpel Tunnel Syndrome. *Vishwachi* is characterized by functional loss of hand following dysfunction of *Vata* in *Kandara* of the hand².

Any movements of *Gati* is the function of *Vyana Vayu*. The normal *Vyana Vata* in *Kandaras* helps for proper sensory and motor activity. *Vikruta Karma* of *Vyana Vata* causes signs and symptoms of Neuropathy like numbness and tingling *Vata* plays a major role in this condition.

CASE REPORT

Chief Complaints – Pain and numbness radiates from hand to forearm and arm.

HISTORY OF PRESENT ILLNESS

Female Patient aged about 40 yrs came with the history of severe pain in wrist joint, forearm, arm associated with numbness and weakness in the hand. Patient is house maker used to do all household works. Pain aggravates while doing her routine work. She also complaints of disturbed sleep due to increase of pain during midst of night and afterwards pain continuous till morning. There was no history of trauma.

HISTORY OF PAST ILLNESS

Examination of left hand

Range of movement - shoulder joint, elbow joint is normal.

Tenderness - present in arm and forearm.

Tunnel sign - positive shooting pain from then wrist.

On performing Phalen's test - patient is instructed to bend the wrist forwards completely for 60 seconds increased the pain and numbness.

Hand elevation test – patient is Non – diabetic, not hypertensive.

ASHTAVIDHA PARIKSHA

Nadi - 80/min *Mala* - once daily *Mutra* - 3-4 times/ day and 0-1 times at night *Jihwa* - *Aliptha Shabda* - *Prakrutha Sparsha* - *Prakrutha Drik* - *Prakrutha Akriti* - *Madhyama* Vitals - stable BP – 130/80 mm Hg Pulse rate – 80/min Respiratory rate – 20/min

TREATMENT PLAN

- *Ekanga Dhanyamla Seka* to left hand for 3 days. 2. *Shashtika Shali Pinda Sweda* is done for 7 days with application of *Murivenna Taila*. 3. *Vishatinduka Vati* (1-0-1) for 30 days. 4. *Trayodashanga Guggulu* (1-0-1) for 30 days. 5. *Ekanga Abhyanga* with *Murivenna Taila* for 20 days. 6. Application of *Kolakulattadi Lepa* for 20 days. 7. *Ksheerabala* 101 10 drops for 30 days.

RESULTS

Patient got relieved from *Shoola* and numbness after 1 month of treatment. Marked improvement is observed in the range of movements of wrist joint without any discomfort.

DISCUSSION

Carpel Tunnel is bounded by bones on three sides and a ligament on one side. The floor is an osseous arch formed by the carpel bones and the roof is formed by the transverse carpel ligament. Tendons of flexor digitorum superficialis and profundus in a common sheath, tendon of flexor pollicis longus in an independent sheath and the median nerve. Synovitis of the above tendons can generate pressure on the nerve. The causes may be general like inflammatory, endocrine and metabolic cause. Local causes like malunited colle's fracture, ganglion in the carpel region, osteoarthritis of the carpel bones, wrist contusion, hematoma etc. Here in this case the patient presents with the clinical stages or features resembling to stage 1 and stage 2 and was treated by the above mentioned *Panchakarma Therapies*.

In *Ayurveda* the advanced stages of Carpel Tunnel Syndrome can be resembled to the *Lakshanas* of *Vishwachi*, which is considered as dysfunction of *Vata* in the *Kandara* that is *Vyana Vata* which is responsible for movement and nerve conduction dysfunction within the median nerve is due to *Kupita Vata*.

As per *Ayurveda* specific *Nidanas* are not mentioned. However, all the *vata* aggravating factors especially the aggravating aspects of *Udana*, *Vyana Vata* etc, can be considered as the cause for this disease.

As the patient is having the symptoms like numbness and reduced sensation which is because of *Kapha* association with *Vata*. *Dhanyamlaseka* is useful³. The *Dhanyamla* is having *Amla Rasa*, *Laghu*, *Teekshna*, *Snigdha*, *Ashukari*, *Sukshma Gunas* and *Vatakapha hara* in action and *Shoshahara* (checks wasting of tissues) and *Balapradham* (provides strength to tissues).

After *Kapha Nirharana* to treat the wasting of thenar muscles and to reduce weakness in hands, *Vata Shamana* and *Brimhana* is needed which is achieved with *Shashtika Shali Pinda Sweda*. *Bala* and *Godugdha* that is used to cook the *Shashtika Shali* is *Snigdha*, *Balya*, *Rasayana*, *Vatahara*⁴. This *Swedana* cleans and opens up the channels of *Srotas* thus facilitates more nourishment of *Vata Dosha*.

After 10 days of course of treatment patient is advised to do *Abhyanga* with *Murivenna Taila* which is *Vatakaphahara* and having the base of coconut oil increases the permeability of the skin and helps in relieving symptoms like pain, numbness and weakness of hands.

Ingredients of *Kolakulatadi Lepa*⁵ are *Kola*, *Kulattha*, *Suradaru*, *Rasna*, *Masha*, *Atasi*, *Kustha*, *Vacha*, *Shatahva*, *Yava* and *Tailaphala*, which helps in relieving the pain.

The main ingredient in *Vishatinduka Vati* is *Shuddha Kuchala* (strychnos nux – vomica) and acts on nerves, senses and muscles, which is having *Kapha Vatahara Vishaghna*, in action and which helps to relieve the pain, numbness and weakness in the patient⁶.

Trayodoshanga Guggulu which is *Brimhana Guggulu* having ingredients like *Aabha(babbul)*, *Ashwagandha*, *Hapusha*, *Guduchi*, *Shatavari*, *Gokshura*, *Vridhdadaru*, *Rasna*, *Sahatapuspha*, *Karchur*, *Yavani*, *Shunthi*, *Guggulu* and *Gritha*⁷. As in this preparation *Guggulu* is used as its base and is found most beneficial in *Vataja Shoola* which is given for 20 days.

These therapies effectively relieve inflammation in the nerves and heal the damaged nerves.

CONCLUSIONS

Carpel Tunnel Syndrome can be effectively managed with *Ekanga Dhanyamla Seka* followed by *Shashtika Shali Pinda Sweda* and *Ekanga Abhyanga*, *Lepa* by relieving pain and numbness of hand.

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